

Op # _____

CEC REPORT FORM

FOR MONTANA CONTINUING EDUCATION CREDIT

Instructions: For operators to receive CECs for attending this course, this form must be completed and returned to the certification office. Operators should complete white portions of form; course provider should complete the shaded portions. Mail the completed form, no later than two weeks after the course is given, to the **MT DEQ/WWOC, PO Box 200901, Helena, MT 59620** or email to OperatorCertification@mt.gov.

CEC INFORMATION:

CECS EARNED: WATER ____ . ____ . ____ WASTEWATER ____ . ____ . ____ TRAINER ____ . ____ . ____

OPERATOR INFORMATION: (operator completes - **please print**)

CERTIFICATION CLASS AND TYPE: _____

NAME: _____

SYSTEM OPERATED: _____

ADDRESS: _____

CITY: _____ DAYTIME PHONE #: _____

IS THIS A NEW ADDRESS? YES _____ NO _____

OPERATOR SIGNATURE: _____

COURSE INFORMATION:

TITLE OF COURSE: _____

LOCATION OF COURSE: _____ DATE OF COURSE: _____

TYPE OF CERTIFICATION COURSE WAS APPROVED FOR: WATER _____ WASTEWATER _____

NUMBER OF CREDITS APPROVED FOR COURSE: _____

FACILITY-BASED TRAINING? YES _____ NO _____ DUAL CEC COURSE? YES _____ NO _____

TRAINING PROVIDER INFORMATION:

TRAINING PROVIDER: _____

SIGNATURE OF VERIFYING OFFICIAL: _____

COMMENTS ON TRAINING COURSE: (for optional use by operator)